

TOPS

Please check one answer per question unless otherwise indicated. Required fields have an asterisk (*)

*Patient name _____ *Medical Record # _____

*Birth date ____/____/____(mm/dd/yy) *Patient gender ☐ 1 Male ☐ 2 Female

Patient race/ethnicity (Check all that apply.)

☐ 1 White ☐ 3 Asian ☐ 5 American Indian or Alaska Native ☐ 7 Other/Unknown

☐ 2 Black or African-American ☐ 4 Hispanic or Latino ☐ 6 Native Hawaiian or other Pacific Islander

*Hospital/facility name _____ *Admission ☐ 1 Inpatient ☐ 2 Outpatient

*Procedure date ____/____/____(mm/dd/yy) *Procedure duration ____:____ (hours & minutes, skin-to-skin, excluding anesthesia time)

*Diagnosis description _____ ICD Code _____

*Procedure description _____

*CPT Code _____	Modifiers _____	# times _____
*Anatomy	<input type="checkbox"/> 1 Head and neck <input type="checkbox"/> 2 Breast	<input type="checkbox"/> 3 Hand <input type="checkbox"/> 4 Upper extremity
		<input type="checkbox"/> 5 Trunk <input type="checkbox"/> 6 Lower extremity
		<input type="checkbox"/> 7 Genitalia
*Classification	<input type="checkbox"/> 1 Cosmetic <input type="checkbox"/> 7 Bone & Joint <input type="checkbox"/> 11 Microsurgery	<input type="checkbox"/> 2 Burn <input type="checkbox"/> 8 Nerve <input type="checkbox"/> 12 Non-Operative
	<input type="checkbox"/> 3 Cancer <input type="checkbox"/> 9 Tendon & Muscle	<input type="checkbox"/> 4 Congenital <input type="checkbox"/> 10 Contracture & Joint Stiffness
	<input type="checkbox"/> 5 Skin <input type="checkbox"/> 13 Other	<input type="checkbox"/> 6 Trauma

2 nd CPT Code _____	Modifiers _____	# times _____
Anatomy	<input type="checkbox"/> 1 Head and neck <input type="checkbox"/> 2 Breast	<input type="checkbox"/> 3 Hand <input type="checkbox"/> 4 Upper extremity
		<input type="checkbox"/> 5 Trunk <input type="checkbox"/> 6 Lower extremity
		<input type="checkbox"/> 7 Genitalia
Classification	<input type="checkbox"/> 1 Cosmetic <input type="checkbox"/> 7 Bone & Joint <input type="checkbox"/> 11 Microsurgery	<input type="checkbox"/> 2 Burn <input type="checkbox"/> 8 Nerve <input type="checkbox"/> 12 Non-Operative
	<input type="checkbox"/> 3 Cancer <input type="checkbox"/> 9 Tendon & Muscle	<input type="checkbox"/> 4 Congenital <input type="checkbox"/> 10 Contracture & Joint Stiffness
	<input type="checkbox"/> 5 Skin <input type="checkbox"/> 13 Other	<input type="checkbox"/> 6 Trauma

Patient ASA status ☐ 1 A normal healthy patient ☐ 4 A patient with severe systemic disease that is a constant threat to life

☐ 2 A patient with mild systemic disease ☐ 5 A moribund patient who is not expected to survive w/out the operation

☐ 3 A patient with severe systemic disease

Mode of anesthesia (Check all that apply.)

☐ 1 None ☐ 3 Conscious sedation ☐ 5 Spinal ☐ 7 Block ☐ 9 Tumescence ☐ 11 Other

☐ 2 General ☐ 4 Epidural ☐ 6 MAC ☐ 8 Local ☐ 10 Topical

Anesthesia supervised by ☐ 1 Anesthesiologist ☐ 2 CRNA ☐ 3 Procedural surgeon ☐ 4 Office RN ☐ 5 Other

*Outcome (4-6 weeks) ☐ 1 No complications ☐ 2 Outcome unknown ☐ 3 Complications: (Check all that apply below.)

<u>Delayed healing</u>	<u>Infection</u>	<u>Unplanned consultation with other specialist</u>
<input type="checkbox"/> Increased number of office visits	<input type="checkbox"/> PO antibiotics	<input type="checkbox"/> Infectious disease
<input type="checkbox"/> Dressing changes less than 6 weeks	<input type="checkbox"/> IV antibiotics as outpatient	<input type="checkbox"/> Cardiologist
<input type="checkbox"/> Dressing changes greater than 6 weeks	<input type="checkbox"/> IV antibiotics as inpatient	<input type="checkbox"/> Pulmonologist
		<input type="checkbox"/> Vascular
		<input type="checkbox"/> Other specialist
<input type="checkbox"/> Puncture or laceration to other body organ or structure -- Which organ or structure? _____		
Adverse event: <input type="checkbox"/> Adverse drug event <input type="checkbox"/> DVT <input type="checkbox"/> MI <input type="checkbox"/> PE <input type="checkbox"/> CVA <input type="checkbox"/> Flap loss		
<input type="checkbox"/> Seroma requiring drainage	<u>Unplanned re-operation</u>	<input type="checkbox"/> Unplanned admission
<input type="checkbox"/> Hematoma requiring drainage	<input type="checkbox"/> Without need for IV sedation / anesthesiologist	<input type="checkbox"/> Unplanned emergency department visit
<input type="checkbox"/> Wound infection requiring drainage	<input type="checkbox"/> With need for IV sedation / anesthesiologist	<input type="checkbox"/> Prolonged hospital stay (longer than planned)

*Mortality within 30 days of procedure ☐ 1 Yes ☐ 2 No

Primary payment source ☐ 1 Worker's compensation ☐ 3 Medicaid ☐ 5 Private insurance ☐ 7 No charge

☐ 2 Medicare ☐ 4 Champus ☐ 6 Self-pay ☐ 8 Other/unknown

If a lipoplasty procedure was performed, please complete the following:

Estimated volume of subcutaneous fluids infused _____ cc Estimated IV intake _____ cc

Estimated total volume aspirated _____ cc

7/10/02 Final Version

NaBIR

*Patient Name _____ *Medical Record # _____
 *Patient Address _____
 *City _____ St _____ Zip _____

If a breast implant procedure was performed, please complete the following.

Please check one answer per question unless otherwise indicated.

Patient zip code _____ Last four digits of patient SSN _____

Implant manufacturer: ☐ 1. McGhan ☐ 2. Mentor ☐ 3. Hutchison International ☐ 4. PIP America ☐ 5. Silimed ☐ 6. Other: _____

Implant type: ☐ 1. Smooth ☐ 2. Textured ☐ 3. Double lumen ☐ 4. Expandable prosthesis

Implant shape: ☐ 1. Contour ☐ 2. Round

Filler type: ☐ 1. Gel ☐ 2. Saline ☐ 3. Saline/gel ☐ 4. Other: _____

Right implant lot number: _____

Right implant nominal volume: _____ cc

Right implant serial number: _____

Right implant actual volume: _____ cc
 (Actual volume si saline and double lumen only.)

Left implant lot number: _____

Left implant nominal volume: _____ cc

Left implant serial number: _____

Left implant actual volume: _____ cc
 (Actual volume si saline and double lumen only.)

Indications:

- | | |
|---|--|
| <input type="checkbox"/> 1. Reconstruction following mastectomy for malignant disease | <input type="checkbox"/> 4. Cosmetic augmentation |
| <input type="checkbox"/> 2. Reconstruction following mastectomy for benign disease
(including subcutaneous mastectomy) | <input type="checkbox"/> 5. Replacement |
| <input type="checkbox"/> 3. Congenital/developmental | <input type="checkbox"/> 6. Cosmetic augmentation with mastopexy |
| | <input type="checkbox"/> 7. Other: _____ |

Technique: ☐ 1. Implant only ☐ 2. Implant and myocutaneous flap

Implant position: ☐ 1. Sub-mammary ☐ 2. Sub-pectoral

Incision: ☐ 1. Axillary ☐ 2. Inframammary ☐ 3. Periaerolar ☐ 4. Transumbilical ☐ 5. Mastectomy scar

If a breast explant procedure was performed, please complete the following, otherwise stop here.

Please check one answer per question unless otherwise indicated.

Original implant procedure date ____/____/____ (mm/dd/yy)

Age of implant (if original implant procedure date is unknown) ____ years ____ months (if less than 12 months)

Indications (check all that apply.)

- | | | |
|--|--|--|
| <input type="checkbox"/> 1. Rupture | <input type="checkbox"/> 3. Infection | <input type="checkbox"/> 9. Pain |
| <input type="checkbox"/> 2. Capsular contracture | <input type="checkbox"/> 4. Implant shifted | <input type="checkbox"/> 10. Benign tumor |
| <input type="checkbox"/> 2.1 Grade I | <input type="checkbox"/> 5. Change in implant size | <input type="checkbox"/> 11. Malignant tumor |
| <input type="checkbox"/> 2.2 Grade II | <input type="checkbox"/> 6. Patient request
(other than change in implant size) | <input type="checkbox"/> 12. Other: _____ |
| <input type="checkbox"/> 2.3 Grade III | <input type="checkbox"/> 7. Wrinkling | |
| <input type="checkbox"/> 2.4 Grade IV | <input type="checkbox"/> 8. Abnormal feel | |

If tumor, tumor identified by: ☐ 1. Physical exam ☐ 2. Mammography ☐ 3. Ultrasound ☐ 4. MRI

If tumor, tumor identified by: ☐ 1. Stage I ☐ 2. Stage II ☐ 3. Stage III ☐ 4. Stage IV

National Breast Implant Registry Report

19797 Implants
3082 Explants
13008 Surgeries
Median Patient Age = 37 years (n=12702)
Median Actual Fill Volume = 375 cc (n=20959)
Median Nominal Fill Volume = 330 cc (n=21538)
15086 of 20096 Implants Overfilled (75%) - Median Overfill Volume = 30 cc (n=20096)
Median Explant Age = 4 years (n=1964)

GENDER 42286 Surgeries					
Males 55 (0%)	Females 12731 (100%)				
INDICATIONS FOR IMPLANT SURGERY 17795 Implants					
Reconstructive 1947 (11%)	Cosmetic 13259 (72%)	Replacement 2129 (12%)	Cosmetic w/ mastopexy 798 (4%)	Other 183 (1%)	
Mastectomy- Malignant 1466 (8%)	Mastectomy- Benign 313 (2%)	Congenital 168 (1%)			
TYPE OF IMPLANT 17795 Implants					
Smooth 14865 (83%)	Textured 2480 (15%)	Double Lumen 26 (0%)	Expandable Prosthesis 284 (2%)		
TECHNIQUE 17795 Implants					
Implant only 17943 (98%)		Implant & Myo-cutaneous Flap 298 (2%)			
IMPLANT SHAPE 17795 Implants					
Contour 1078 (10%)		Round 9664 (90%)			
FILLER TYPE 17795 Implants					
Gel 1114 (6%)	Saline 13897 (92%)	Saline/gel 154 (1%)	Other 128 (1%)		
POSITION OF IMPLANT 17795 Implants					
Sub-Mammary 7631 (33%)		Sub-Pectoral 15164 (67%)			
INCISION 17795 Implants					
Axillary 1950 (11%)	Inframammary 11411 (62%)	Periareolar 3626 (20%)	Transumbilical 73 (0%)	Mastectomy Scar 1442 (8%)	
MANUFACTURER 16820 Implants					
A 8585 (46%)	B 10152 (54%)	C 3 (0%)	D 0 (0%)	E 1 (0%)	F 79 (0%)
INDICATIONS FOR EXPLANTATION 17795 Explants					
Rupture 982 (34%)	Capsular Contracture 971 (33%)	Infection 97 (3%)	Implant shifted 224 (8%)	Change in implant size 921 (32%)	Patient Request 475 (16%)
Grade I Grade II Grade III Grade IV 53 (2%) 190 (4%) 257 (9%) 179 (6%)					
Wrinkling 114 (4%)	Abnormal feel 128 (4%)	Pain 141 (5%)	Benign tumor 4 (0%)	Malignant tumor 42 (1%)	Other 551 (19%)
TYPE OF EXPLANT 17795 Explants					
Physical Exam 17 (50%)	Mammography 15 (44%)	Ultrasound 2 (6%)	MRI 0 (0%)		
STAGE 17795 Explants					
Stage I 10 (43%)	Stage II 7 (30%)	Stage III 6 (26%)	Stage IV 0 (0%)		

[Add] Patient

Interested in Tracking Operations & Outcomes

for all plastic surgery procedures? Click here to find out more about the ASPS/PSEF's new Tracking Operations & Outcomes for Plastic Surgeons (SM) [\[more\]](#)

National Breast Implant Registry

For more information about the regulation of breast implants in the United States and to learn more about Board Certified Plastic Surgeons visit the PSEF at: [\[more\]](#)

Instructions

For complete instructions and information about how to participate in the National Breast Implant Registry contact CARLA SALVO at ASPS Headquarters (847) 228-3312. WATCH THIS SPACE FOR INFORMATION ON THE NEW NATIONAL BREAST IMPLANT REGISTRY. [\[more\]](#)

NaBIR is Here!

Beginning September 20, 2002, SaBIR is changing into NaBIR - National Breast Implant Registry. This change comes at the request of many of our participants to gather clinical information on more than saline breast implants. This change will also allow the US breast implant registry to actively participate in the newly formed International Breast Implant Registry. YES, the form is still only one page, and entirely anonymous. Besides the addition of the various types of breast implants, we've also added several new indications for explants - wrinkling, abnormal feel, pain, benign and malignant tumors, as well as a component for tumor assessment surveillance.

To download NaBIR form [click here](#)



The 'Breast Augmentation Case' looks like – CPT 19325
Up Through 9/24/2003
N = 4336

Average age: 34.71

Average race:

Here is the breakdown by race:

90.13%	Caucasian
1.41%	Black or African-American
1.98%	Asian
4.2%	Hispanic or Latino
.03%	American Indian or Alaskan Native
.17%	Native Hawaiian or Other pacific Islander
2.22%	Other

The majority of breast augmentation cases are performed in (what type of facility)
Again, here is the breakdown:

74.06%	Acute Care (Hospital) [1588]
17.38%	Ambulatory Care [372]
7.58%	Office Surgery Center [164]
.97%	Office [21]

Most frequent diagnosis description(s)

TOP 10 ICD Codes

757.6	SPECIFIED CONGENITAL ANOMALIES OF BREAST [905, 20.87%]
V50.1	OTHER PLASTIC SURGERY FOR UNACCEPTABLE COSMETIC APPEARANCE [614, 14.16%]
611.8	OTHER SPECIFIED DISORDERS OF BREAST [227, 5.24%]
611.4	ATROPHY OF BREAST [225, 4.53%]
996.54	MECHANICAL COMPLICATION OF BREAST PROSTHESIS [143, 3.3%]
272.6	LIPODYSTROPHY [63, 1.45%]
724.2	OTHER COMPLICATIONS DUE TO OTHER INTERNAL PROSTHETIC DEVICE/ IMPLANT/ AND GRAFT [34, .78%]
996.79	HYPERTROPHY OF BREAST [32, .73%]
611.1	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST [27, .62%]
V10.3	LOCALIZED ADIPOSITY [23, .53%]

If in hospital [N = 833], As an Inpatient 8.04% Outpatient 91.96%

Avg. length of the procedure 1 hours 13 mins for single procedure

Avg. length of the procedure 2 hours 7 mins for multiple procedure

percentage of patients with a single procedure: **62.92%**

percentage of patients with multiple procedures, the average number of additional CPT codes: **1.57**

Three most frequent additional codes (The total is in brackets)

19316	Mastopexy [507]
19328	Removal of intact mammary implant [253]
15877	Suction assisted lipectomy; trunk [174]

Average ASA status

Here is the breakdown:

N = 3030

<u>Total</u>	<u>Percentage</u>	<u>Description</u>
2829	77.61%	A normal healthy patient
194	19.77%	A patient with mild systemic disease
7	2.62%	A patient with severe systemic disease

Most frequent mode of anesthesia

Here is the Breakdown:

83.15%	General
11.25%	Local
12.5%	MAC
3.5%	Conscious Sedation
1.19%	Tumescent
.35%	None
.32%	Block
.06%	Topical
0%	Epidural
0%	Other
0%	Spinal

Anesthesia is most frequently supervised by:

Once Again, the breakdown [with totals in brackets]:

N = 3033

75.63%	Anesthesiologist [2294]
20.84%	CRNA [632]
2.67%	Procedural Surgeon [81]
.86%	Office RN [26]

% of cases without adverse outcomes:

[Number of cases are in brackets]

96.49%	No Complication [4184]
2.58%	Complications [112]
.92%	Outcome Unknown [40]

Five most frequent adverse outcomes (rank)

[Number of cases are in brackets]

1.04%	Increased number of office visits [45]
.9%	With need for IV sedation or anesthesiologist [39]
.65%	PO antibiotics [28]
.51%	Hematoma requiring drainage [22]
.35%	Dressing changes less than 6 weeks [15]
.23%	Seroma requiring drainage [10]
.23%	Without need for IV sedation or anesthesiologist [10]
.21%	Wound Infection requiring drainage [9]
.21%	Unplanned emergency department visit [9]
.18%	IV antibiotics as outpatient [8]
.16%	Adverse drug event [7]
.14%	Other, Explain [6]
.14%	Unplanned admission [6]
.09%	Dressing changes greater than 6 weeks [4]
.09%	Other specialist [4]
.07%	IV antibiotics as inpatient [3]
.05%	DVT [2]
.05%	Which organ or structure? [2]
.05%	Infectious disease [2]
.02%	CVA [1]
.02%	Vascular [1]
.02%	PE [1]
.02%	Neurologist [1]
.02%	Pulmonologist [1]

Can any of the adverse outcomes be associated with multiple procedures?

Top 5 Complication Rates for Cases where 19325 was the Only Procedure:

N = 2728

.59%	Unplanned Re-operation with need for IV sedation or anesthesiologist [16]
.55%	Hematoma requiring drainage [15]
.37%	Increased number of office visits [10]
.33%	PO antibiotics [9]
.18%	Wound Infection requiring drainage [5]

Top 5 Complication Rates for Cases Where There Were Additional Procedures:

N = 1608

2.18%	Increased number of office visits [35]
1.43%	Unplanned Re-operation with need for IV sedation or anesthesiologist [23]
1.18%	PO antibiotics [19]
.75%	Dressing changes less than 6 weeks [12]
.56%	Seroma requiring drainage [9]

Breakdown of payment resources

[total is in %]

N = 2965

95.11%	Self-pay [2820]
3.07%	Private insurance [91]
1.11%	No Charge [33]
.75%	Other/unknown [22]
.27%	Medicare [8]
.13%	Medicaid [4]
.07%	Champus [2]
0%	Worker's Compensation [0]